

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HM3		3. Desig SCW		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 55117		7. Ship/Station NMCB SEVEN			8. Promotion Status REGULAR		9. Date Reported 04MAY21		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frothing <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 05JUN16 15. To: 06JUN15							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LTJG		24. Desig 5105		25. Title OIC		26. UIC 55117		27. SSN 000-00-0000	
28. Command employment and command achievements. Deployed to CENTCOM AOR to provide contingency and construction operations-4. Homeported at NCBC Gulfport, MS for military and technical training-7. Assigned to JTF Katrina for hurricane recovery operations-1. Received Battle Efficiency "E".											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) WATER WELL HM Water Well Team Corpsman-6. Provides medical support for water wellteam in support of CJTF Horn of Africa; Assigned to 3rd Platoon, 1st Squad, 1st Fireteam, Rifleman Two-6. COLL: CPR Instructor-12, Combat Lifesaver Instructor-12, SAMS Administrator-12, Medical Department Supply PO-6. WATCH: Battalion Aid Station-12.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (Sent 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HM3	3. Desig SCW	4. SSN (b)(6)
--------------------------------------------------	----------------	-----------------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded Navy Achievement (1st), Armed Forces Service and Humanitarian Service Medals.
Qual: Seabee Combat Warfare Specialist. Completed 3M-301, CJTF HOA-Defensive Driving.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HM3		3. Desig SCW		4. SSN (b)(6)				
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 55117		7. Ship/Station NMCB SEVEN			8. Promotion Status REGULAR		9. Date Reported 04MAY21			
Occasion for Report 10. Periodic <input type="checkbox"/> 11. of Individual <input checked="" type="checkbox"/> 12. Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 06JUN16 15. To: 06OCT28								
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA				
22. Reporting Series (Last, FIAD) (b)(6)		23. Grade LT		24. Desig 2200		25. Title DEPT HEAD		26. UIC 55117		27. SSN 000-00-0000		
28. Command employment and command achievements. Deployed to CENTCOM AOR to provide contingency engineering and construction operations-2. Homeported at NCBC Gulfport, MS for military and technical training-2.												
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <table border="1"><tr><td>GEN DUTY HM</td></tr></table> Water Well Team Corpsman-2; provides medical support for water well in support of CJTF Horn of Africa. 3rd Platoon, 1st Squad, 1st Fireteam, Rifleman Two-2. COLL: CPR Instructor-4; Combat Lifesaver Instructor-4; SAMS Administrator-4; Medical Department Supply PO-4. WATCH: Battalion Aid Station-4.												GEN DUTY HM
GEN DUTY HM												

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HM3	3. Desig SCW	4 SSN (b)(6)
--------------------------------------------------	----------------	-----------------	-----------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded: Navy and Marine Corps Achievement Medal (2nd award) and Seabee Combat Warfare Specialist.

(b)(6)



DEPARTMENT OF THE NAVY

THIS IS TO CERTIFY THAT
THE SECRETARY OF THE NAVY HAS AWARDED THE

NAVY AND MARINE CORPS ACHIEVEMENT MEDAL

HOSPITAL CORPSMAN THIRD CLASS BRIAN J. WITT, UNITED STATES NAVY
TO

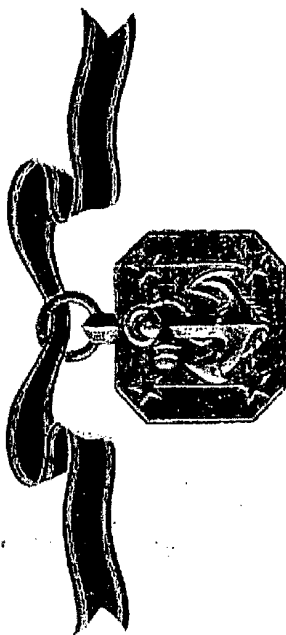
FOR

PROFESSIONAL ACHIEVEMENT IN THE SUPERIOR PERFORMANCE OF HIS DUTIES AS LEAD CORPSMAN WHILE ASSIGNED TO DETAIL JACKSON COUNTY, U.S. NAVAL MOBILE CONSTRUCTION BATTALION SEVEN FROM 30 AUGUST TO 16 SEPTEMBER 2005 IN SUPPORT OF JOINT TASK FORCE KATRINA. PETTY OFFICER WITT DEMONSTRATED EXCEPTIONAL PROFESSIONALISM THROUGHOUT HURRICANE RECOVERY EFFORTS. HE SPEARHEADED COMBAT LIFESAVER TRAINING TO DETAIL PERSONNEL, ENSURING HIS FELLOW SEABEES WERE ADEQUATELY TRAINED TO RESPOND TO EMERGENCIES. HE OFFERED ADDITIONAL ASSISTANCE AND GUIDANCE TO CIVILIAN PERSONNEL IN NEED OF MEDICAL AID. HIS MAGNIFICENT PERFORMANCE, PERSONAL INITIATIVE, AND DEVOTION TO DUTY REFLECTED CREDIT UPON HIM AND WERE IN KEEPING WITH THE HIGHEST TRADITIONS OF THE UNITED STATES NAVAL SERVICE.

GIVEN THIS 18TH DAY OF OCTOBER 2005

(b)(6)

COMMANDER, CIVIL ENGINEER CORPS, U.S. NAVY
COMMANDING OFFICER, U.S. NAVAL MOBILE
CONSTRUCTION BATTALION SEVEN



DEPARTMENT OF THE NAVY
THIS IS TO CERTIFY THAT
THE SECRETARY OF THE NAVY HAS AWARDED THE
NAVY AND MARINE CORPS ACHIEVEMENT MEDAL
(GOLD STAR IN LIEU OF SECOND AWARD)

HOSPITAL CORPSMAN THIRD CLASS (SEABEE COMBAT WARFARE) BRIAN J. WITT
UNITED STATES NAVY

FOR

PROFESSIONAL ACHIEVEMENT IN THE SUPERIOR PERFORMANCE OF HIS DUTIES WHILE SERVING AS A CORPSMAN WITH U.S. NAVAL MOBILE CONSTRUCTION BATTALION SEVEN, DETAIL HORN OF AFRICA WATER WELL DETACHMENT FROM FEBRUARY TO AUGUST 2006. PETTY OFFICER WITT WAS SOLELY RESPONSIBLE FOR THE MEDICAL CARE OF 35 DETAIL PERSONNEL ASSIGNED TO A REMOTE CONTINGENCY BASE CAMP IN ETHIOPIA. HIS EXPERT RATING KNOWLEDGE AND PROFESSIONALISM POSITIVELY AFFECTED THE MORALE AND WELFARE OF HIS FELLOW SEABEES AND THE DETAIL'S FORCE PROTECTION ELEMENT. ON TOP OF KEEPING THE SEABEES HEALTHY AND SAFE, HE JUMPED IN AND HELPED DRILL FIVE WATER WELLS, PROVIDING CRITICAL WATER SUPPLIES TO THE ETHIOPIAN PEOPLE AND THIS DROUGHT STRICKEN REGION. HIS MAGNIFICENT PERFORMANCE, PERSONAL INITIATIVE, AND DEVOTION TO DUTY REFLECTED CREDIT UPON HIM AND WERE IN KEEPING WITH THE HIGHEST TRADITIONS OF THE NAVY AND MARINE CORPS SERVICE.

GIVEN THIS 31ST DAY OF AUGUST 2006



COMMANDER, CIVIL ENGINEER CORPS, U.S. NAVY
COMMANDING OFFICER, U.S. NAVAL MOBILE
CONSTRUCTION BATTALION SEVEN

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WITT, BRIAN JUSTIN		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO. (b)(6)					
4.a. GRADE, RATE OR RANK HM3	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) (b)(6)		6. RESERVE OBLIG. TERM. DATE Year 2009 Month 10 Day 29					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY NEW ORLEANS MEPS NEW ORLEANS, LA 70146-5900		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6) LA (b)(6)							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NMCB SEVEN GULFPORT, MS		8.b. STATION WHERE SEPARATED NMCB SEVEN GULFPORT, MS							
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE CENTER MILLINGTON TN 38055				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 400,000.00					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) HM-8404 Field Medical Service Technician (2YRS 5 MTHS) X X X X X X X X X X X X		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date Entered AD This Period		2001	10	29			
		b. Separation Date This Period		2006	10	28			
		c. Net Active Service This Period		05	00	00			
		d. Total Prior Active Service		00	00	00			
		e. Total Prior Inactive Service		00	00	00			
		f. Foreign Service		00	00	00			
		g. Sea Service		00	00	00			
		h. Effective Date of Pay Grade		2005	01	14			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) SEA SERVICE DEPLOYMENT RIBBON (2ND AWARD), GLOBAL WAR ON TERRORISM SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL, NAVY AND MARINE CORPS ACHIEVEMENT MEDAL (2ND AWARD), NATIONAL DEFENSE SERVICE MEDAL, PISTOL SHARPSHOOTER RIBBON, GOOD CONDUCT AWARD (1ST, 28OCT04), BATTLE 'E'									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) DWI DETECTION GAZE SOBRIETY TEST PROCEDURE (SELF, 03JAN), EMERGENCY MEDICAL TECHNICIAN-BASIC (SELF, 03NOV), EMERGENCY VEHICLE OPERATOR'S COURSE (SELF, 02JUL), OLEORESIN CAPSICUM AEROSOL PROJECTORS (SELF, 02JUL), TACTICAL BATON CERTIFICATION (SELF, 06AUG), ADVANCED CARDIO LIFE SUPPORT COURSE XXXXXX									
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
(b)(6)				(b)(6)				(b)(6)	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						(b)(6)			
18. REMARKS BLK 13 CONT: RIBBON, HUMANITARIAN SERVICE MEDAL, ARMED FORCES SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL. BLK 14 CONT: (1 WK, 03MAY), CARDIAC DYSRHYTHMIA COURSE (1 WK, 03MAY). EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT. THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. X X X X X X X X X X X X X X X X X X X X X									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) (b)(6)			19.b. NEAREST RELATIVE (Name and address - include Zip Code) (b)(6)						
20. MEMBER REQUESTS COPY BE SENT TO (b)(6) DIR. OF VET AFFAIRS (b)(6) title and (b)(6)			(b)(6)						
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)									
23. TYPE OF SEPARATION Released from Active Duty and Transferred to Navy Reserve			24. CHARACTER OF SERVICE (Include upgrades) (b)(6)						
25. SEPARATION AUTHORITY (b)(6)			26. SEPARATION CODE (b)(6)		27. REENTRY CODE (b)(6)				
28. NARRATIVE REASON FOR SEPARATION (b)(6)									
29. DATES OF TIME LOST DURING THIS PERIOD (b)(6)					30. (b)(6) Y 4 initials				

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HM3		3. Desig SCW		4. SSN (b)(6)															
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 55117		7. Ship/Station NMCB SEVEN		8. Promotion Status REGULAR		9. Date Reported 04MAY21									
Occasion for Report 10. Periodic <input type="checkbox"/>				Detachment 11. of Individual <input checked="" type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 06JUN16				15. To: 06OCT28			
16. Not Observed Report <input type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) NA							
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade LT		24. Desig 2200		25. Title DEPT HEAD				26. UIC 55117		27. SSN (b)(6)									
28. Command employment and command achievements. Deployed to CENTCOM AOR to provide contingency engineering and construction operations-2. Homeported at NCBC Gulfport, MS for military and technical training-2.																							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <table border="1"><tr><td>GEN DUTY HM</td></tr></table> Water Well Team Corpsman-2; provides medical support for water well in support of CJTF Horn of Africa. 3rd Platoon, 1st Squad, 1st Fireteam, Rifleman Two-2. COLL: CPR Instructor-4; Combat Lifesaver Instructor-4; SAMS Administrator-4; Medical Department Supply PO-4. WATCH: Battalion Aid Station-4.																GEN DUTY HM							
GEN DUTY HM																							

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HM3	3. Desig SCW	4. CCN (b)(6)
--------------------------------------------------	----------------	-----------------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded: Navy and Marine Corps Achievement Medal (2nd award) and Seabee Combat Warfare Specialist.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN, J				2. Rate HR		3. Desig (b)(6)					
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 65428		7. Ship/Station NAVHOSP ROOSRDS PR		8. Promotion Status REGULAR		9. Date Reported 02MAY24			
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>		Detachment 11. of Individual <input type="checkbox"/>		Promotion/ 12. Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>		Period of Report 14. From: 02MAY24 15. To: 02JUL15			
16. Not Observed Report <input checked="" type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		19. <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA	
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade CDR		24. Desig 2900		25. Title ADNS		26. UIC 65428		27. SSN (b)(6)	
28. Command employment and command achievements. Maintains the highest state of medical readiness providing comprehensive, innovative healthcare/health promotion services in the Caribbean. Recipient of 4th consecutive NEHC Gold Star for Command Excellence in Health Promotion.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) STAFF CORPSMAN PRI: INPATIENT SERVICE UNIT-2. Responsible for patient care, documentation, admission and discharge procedures, patient teaching, medication administration, IV therapy and wound care. (b)(6) IN TRANSIT: 10MAY02-24MAY02.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

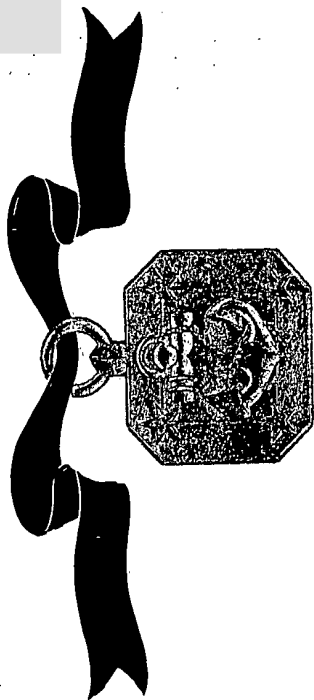
RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN, J	2. Rate HR	3. Desig	4. SSN (b)(6)
---------------------------------------------------	---------------	----------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.
Awards: 1st National Defense Service Medal.

(b)(6)



DEPARTMENT OF THE NAVY
THIS IS TO CERTIFY THAT
THE SECRETARY OF THE NAVY HAS AWARDED THE
NAVY AND MARINE CORPS ACHIEVEMENT MEDAL

(GOLD STAR IN LIEU OF SECOND AWARD)

TO

HOSPITAL CORPSMAN THIRD CLASS (SEABEE COMBAT WARFARE) BRIAN J. WITT
UNITED STATES NAVY

FOR

PROFESSIONAL ACHIEVEMENT IN THE SUPERIOR PERFORMANCE OF HIS DUTIES WHILE SERVING AS A CORPSMAN WITH U.S. NAVAL MOBILE CONSTRUCTION BATTALION SEVEN, DETAIL HORN OF AFRICA WATER WELL DETACHMENT FROM FEBRUARY TO AUGUST 2006. PETTY OFFICER WITT WAS SOLELY RESPONSIBLE FOR THE MEDICAL CARE OF 35 DETAIL PERSONNEL ASSIGNED TO A REMOTE CONTINGENCY BASE CAMP IN ETHIOPIA. HIS EXPERT RATING KNOWLEDGE AND PROFESSIONALISM POSITIVELY AFFECTED THE MORALE AND WELFARE OF HIS FELLOW SEABEES AND THE DETAIL'S FORCE PROTECTION ELEMENT. ON TOP OF KEEPING THE SEABEES HEALTHY AND SAFE, HE JUMPED IN AND HELPED DRILL FIVE WATER WELLS, PROVIDING CRITICAL WATER SUPPLIES TO THE ETHIOPIAN PEOPLE AND THIS DROUGHT STRICKEN REGION. HIS MAGNIFICENT PERFORMANCE, PERSONAL INITIATIVE, AND DEVOTION TO DUTY REFLECTED CREDIT UPON HIM AND WERE IN KEEPING WITH THE HIGHEST TRADITIONS OF THE UNITED STATES NAVAL SERVICE.

GIVEN THIS 31ST DAY OF AUGUST 2006



(b)(6)

COMMANDER, CIVIL ENGINEER CORPS, U.S. NAVY
COMMANDING OFFICER, U.S. NAVAL MOBILE
CONSTRUCTION BATTALION SEVEN

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WITT, BRIAN JUSTIN		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO. (b)(6)					
4.a. GRADE, RATE OR RANK HM3	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) (b)(6)		6. RESERVE OBLIG. TERM. DATE Year 2009 Month 10 Day 29					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY NEW ORLEANS MEPS NEW ORLEANS, LA 70146-5900		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6) LA (b)(6)							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NMCB SEVEN GULFPORT, MS		8.b. STATION WHERE SEPARATED NMCB SEVEN GULFPORT, MS							
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE CENTER MILLINGTON TN 38055				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 400,000.00					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) HM-8404 Field Medical Service Technician (2YRS 5 MTHS) X X X X X X X X X X X X		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date Entered AD This Period		2001	10	29			
		b. Separation Date This Period		2006	10	28			
		c. Net Active Service This Period		05	00	00			
		d. Total Prior Active Service		00	00	00			
		e. Total Prior Inactive Service		00	00	00			
		f. Foreign Service		00	00	00			
		g. Sea Service		00	00	00			
		h. Effective Date of Pay Grade		2005	01	14			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) SEA SERVICE DEPLOYMENT RIBBON (2ND AWARD), GLOBAL WAR ON TERRORISM SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL, NAVY AND MARINE CORPS ACHIEVEMENT MEDAL (2ND AWARD), NATIONAL DEFENSE SERVICE MEDAL, PISTOL SHARPSHOOTER RIBBON, GOOD CONDUCT AWARD (1ST, 28OCT04), BATTLE 'E'									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) DWI DETECTION GAZE SOBRIETY TEST PROCEDURE (SELF, 03JAN), EMERGENCY MEDICAL TECHNICIAN-BASIC (SELF, 03NOV), EMERGENCY VEHICLE OPERATOR'S COURSE (SELF, 02JUL), OLEORESIN CAPSICUM AEROSOL PROJECTORS (SELF, 02JUL), TACTICAL BATON CERTIFICATION (SELF, 06AUG), ADVANCED CARDIO LIFE SUPPORT COURSE XXXXXX									
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
(b)(6)				(b)(6)				(b)(6)	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						(b)(6)			
18. REMARKS BLK 13 CONT: RIBBON, HUMANITARIAN SERVICE MEDAL, ARMED FORCES SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL. BLK 14 CONT: (1 WK, 03MAY), CARDIAC DYSRHYTHMIA COURSE (1 WK, 03MAY). EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT. THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. X X X X X X X X X X X X X X X X X X X X X									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) (b)(6)			19.b. NEAREST RELATIVE (Name and address - include Zip Code) (b)(6)						
20. MEMBER REQUESTS COPY 6 BE SENT TO (b)(6)		DIR. OF VET AFFAIRS (b)(6)		grade, title and (b)(6)					
21. (b)(6)									
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)									
23. TYPE OF SEPARATION Released from Active Duty and Transferred to Navy Reserve		24. CHARACTER OF SERVICE (Include upgrades) (b)(6)							
25. SEPARATION AUTHORITY (b)(6)		26. SEPARATION CODE (b)(6)		27. REENTRY CODE (b)(6)					
28. NARRATIVE REASON FOR SEPARATION (b)(6)									
29. DATES OF TIME LOST DURING THIS PERIOD (b)(6)				3. (b)(6) COPY 4 Initials					

AGREEMENT TO EXTEND ENLISTMENT

NAME: BRIAN JUSTIN WITT

SSN (b)(6) BR/CL: USN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 10/29/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL ☒ OTHER ☐) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 10/28/2006. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

UIC: 55117 STATUS: ACTIVE ☒ INACTIVE ☐ RATE: HM3

COMBAT ZONE: PEBD: 10/29/2001 TOTAL AGGREGATE MOS: 12

SHIP OR STATION: NAVY MOBILE CONST BATT 7

LOCATION OF SHIP OR STATION:

**** SIGNATURE OF MEMBER: _____
FIRST MIDDLE LAST

Witnessed and accepted on behalf of the United States Navy
this 29th day of October, A.D.

****SIGNATURE AND GRADE: (b)(6) USN TITLE: _____

Certifying Officer Name and Rank

Extension of Enlistment Operative/Cancelled

The extension identified hereon for 12 months (REASON: SCHOOL ☒ OTHER ☐) is Operative (☒) Cancelled (☐) effective 10/29/2005.

AUTHORITY: _____

LSL SELLBACK: (b)(6)

****SIGNATURE AND GRADE: (b)(6) USN

Certifying Officer Name and Rank

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HM3		3. Desig SCW		4. SSN (b)(6)				
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265		6. UIC 55117		7. Ship/Station NMCB SEVEN			8. Promotion Status REGULAR		9. Date Reported 04MAY21			
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 05JUN16 15. To: 06JUN15								
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)			21. Billet Subcategory (if any) NA					
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LTJG		24. Desig 5105		25. Title OIC		26. UIC 55117		27. SSN (b)(6)		
28. Command employment and command achievements. Deployed to CENTCOM AOR to provide contingency and construction operations-4. Homeported at NCBC Gulfport, MS for military and technical training-7. Assigned to JTF Katrina for hurricane recovery operations-1. Received Battle Efficiency "E".												
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <table border="1"><tr><td>WATER WELL HM</td></tr></table> Water Well Team Corpsman-6. Provides medical support for water wellteam in support of CJTF Horn of Africa; Assigned to 3rd Platoon, 1st Squad, 1st Fireteam, Rifleman Two-6. COLL: CPR Instructor-12, Combat Lifesaver Instructor-12, SAMS Administrator-12, Medical Department Supply PO-6. WATCH: Battalion Aid Station-12.												WATER WELL HM
WATER WELL HM												

(b)(6)

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HM3	3. Desig SCW	4. SSN (b)(6)
--------------------------------------------------	----------------	-----------------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded Navy Achievement (1st), Armed Forces Service and Humanitarian Service Medals.

Qual: Seabee Combat Warfare Specialist. Completed 3M-301, CJTF HOA-Defensive Driving.

(b)(6)

**THIS IS TO CERTIFY THAT
THE SECRETARY OF THE NAVY HAS AWARDED THE**

FOR

(b)(6)

GIVEN THIS 8TH

COMBES, WILLIAM E. COOPS, U.S. NAVY
COMMANDING OFFICER, U.S. NAVAL MOBILE
CONSTRUCTION BATTALION SEVEN

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 161

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HN		3. Desig		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 65428		7. Ship/Station NAVHOSP ROOSRDS PR			8. Promotion Status REGULAR		9. Date Reported 02MAY24		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 02JUL16 15. To: 03JUL15							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last FI MI) (b)(6)		23. Grade CDR		24. Desig 2900		25. Title ADNS		26. UIC 65428		27. SSN (b)(6)	
28. Command employment and command achievements. Maintains the highest state of medical readiness providing comprehensive, innovative healthcare/health promotion services in the Caribbean. Recipient 4th consecutive NEHC Gold Star for Command Excellence in Health Promotion.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) STAFF CORPSMAN PRI: INPATIENT SERVICES UNIT-12. Responsible for patient care, documentation, admission and discharge procedures, patient teaching, medication administration, IV therapy, and wound care. COLL: Supply-2											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HN	3. Desig	4. SSN (b)(6)
--------------------------------------------------	---------------	----------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Education: Breast feeding education, Basic Dysrhythmia Recognition, ACLS.

(b)(6)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD:

I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

WITT BRIAN JUSTIN

LOCAL SECURITY NO OF ENLISTEE / REENLISTEE

(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) ☒ NONE BJSW (Initials of enlistee / reenlistee)

b.

(b)(6)

c. DATE SIGNED (YYMMDD)

010829

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-5

d. UNIT / COMMAND NAME

NEW ORLEANS MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

010829

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS
LA 70146-5900

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, BRIAN JUSTIN WITT, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

b. DATE SIGNED (YYMMDD)

010829

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-2

d. UNIT / COMMAND NAME

NEW ORLEANS MEPS

e.

(b)(6)

f. DATE SIGNED (YYMMDD)

010829

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS
LA 70146-5900

D

Previous editions may be used.

(b)(6)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

SOCIAL SECURITY NO OF ENLISTEE / REENLISTEE

(b)(6)

(b)(6)

WITT BRIAN JUSTIN

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM**20a.** I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the RegularComponent of the United States (list branch of service) NAVY for a period of4 years and 00 weeks. No changes have been made to my enlistment options **OR**if changes were made they are recorded on Annex(es) NAwhich replace(s) Annex(es) NA

c. DATE SIGNED (YYMMDD)

011029

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE**21. SERVICE REPRESENTATIVE CERTIFICATION**

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) NAVY in pay grade E-1.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND

NEW ORLEANS MEPS

e. SIC

(b)(6)

f. DATE SIGNED (YYMMDD)

011029

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS

LA 70146-5900

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT**22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:**

I, BRIAN JUSTIN WITT, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

i. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

011029

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-3

d. UNIT / COMMAND NAME

NEW ORLEANS MEPS

f. DATE SIGNED (YYMMDD)

011029

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS

LA 70146-5900

AGREEMENT TO EXTEND ENLISTMENT

30

NAME: WITT, BRIAN JUSTINSSN: (b)(6)BR/CL: USN

Having enlisted in the UNITED STATES NAVY/~~NAVY RESERVE~~ on 01OCT29 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months, (REASON: SCHOOL XX OTHER) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 06OCT28. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: TRAINING FIVE YEAR OBLIGOR PROGRAM FOR THE RATING PER CURRENT DIRECTIVES. I UNDERSTAND THAT THIS AGREEMENT BECOMES BINDING UPON EXECUTION, AND MAY NOT BE CANCELLED, EXCEPT AS SET FORTH IN MILPERSMAN 1050150. THIS IS MY FIRST ~~EXTENSION~~ EXTENSION.

UIC: 62444 STATUS: ACTIVE X INACTIVE RATE: E-1COMBAT ZONE: NA PEBD: TOTAL AGGREGATE MOS: 12SHIP OR STATION: NAVCRUITDIST NEW ORLEANSLOCATION OF SHIP OR STATION: NEW ORLEANS, LASIGNATURE
**** OF MEMBER

(b)(6)

FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 29TH day of OCTOBER, A.D. ~~200~~ 2001

(b)(6)

**** SIGNATURE
AND GRADE:

USN

MILPO BY DIRECTION TITLE: MLPO
(CERTIFYING OFFICER NAME AND RANK)

BYDIRCO

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR MONTHS, IS CANCELLED EFFECTIVE .
AUTHORITY:

**** SIGNATURE
AND GRADE:

(CERTIFYING OFFICER NAME AND RANK)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HN		3. Desig		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 65428		7. Ship/Station NAVHOSP ROOSRDS PR			8. Promotion Status REGULAR		9. Date Reported 02MAY24		
Occasion for Report 10. Periodic <input type="checkbox"/>		Detachment 11. of Individual <input checked="" type="checkbox"/>		Promotion/ 12. Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>		Period of Report 14. From: 03JUL16 15. To: 04FEB28			
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade CDR		24. Desig 2900		25. Title DNS		26. UIC 65428		27. SSN (b)(6)	
28. Command employment and command achievements. Maintains the highest state of medical readiness providing comprehensive, innovative healthcare/health promotion services in the Caribbean. Recipient 4th consecutive NEHC Gold Star for Command Excellence in Health Promotion.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) STAFF CORPSMAN INPATIENT SERVICES UNIT-7. Responsible for patient care, documentation, admission and discharge procedures, patient teaching, medication administration, IV therapy, and wound care. WATCH: ISU-7. ASF-7.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HN	3. Desig	4. SSN (b)(6)
--------------------------------------------------	---------------	----------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

EDUCATION: EMT-B, EMERGENCY VEHICLE OPERATOR, ADVANCED CARDIAC LIFE SUPPORT, DYSRHYTHMIA, BREASTFEEDING EDUCATION, NEONATAL RESUSCITATION PROVIDER, BASIC LIFE SUPPORT INSTRUCTOR.

(b)(6)

ENLISTMENT GUARANTEES

WITT, BRIAN JUSTIN

(b)(6)

NAME (LAST, FIRST MIDDLE, JR., ETC.)

SSN

1. ACKNOWLEDGMENT: In connection with my enlistment into the United States Navy/ ~~Naval Reserves~~, I hereby acknowledge that:

a. I am enlisting into the U. S. Navy/~~Naval Reserves~~ for an active duty period of FOUR years and, at the same time, I agree to extend my enlistment for 12 months to meet the obligations of the 5YO program. I am enlisting with the following guarantees and understanding:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8, option or options as indicted below :

Option (1) HOSPITAL CORPSMAN(HM) "A" SCHOOL GUARNATEE

Option (2) NA

Option (3) NA

Option (4) NA

1

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1a(1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1a(1) above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a. Reassignment to an "A" School for which I am qualified and a vacancy exists,
- or
- b. Navy apprentice training for which I am qualified and a vacancy exists.

In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service. I also understand:

- a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.
- b. The Navy may, at its option, discharge me in accordance with law and regulation.

5. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Option(1)

I understand the obligations for the Options and training that I will receive

(b)(6)

(b)(6)

BRIAN JUSTIN WITT, 010829

Annex A to DD Form 4 dated 010829

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J				2. Rate HM3		3. Desig (b)(6)		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 55117		7. Ship/Station NMCB SEVEN			8. Promotion Status REGULAR		9. Date Reported 04MAY21		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment <input type="checkbox"/> 12. Promotion/ Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 04JUL16 15. To: 05JUN15							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LT		24. Desig 2105		25. Title MED OFFICER		26. UIC 55117		27. SSN (b)(6)	
28. Command employment and command achievements. Deployed to PACOM/CENTCOM AOR to provide contingency engineering and construction operations-7. Homeported at CBC Gulfport, MS for military and technical training-4.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) GEN DUTY HM PRI: Southwest Asia Air Det HM-9, SAMS Administrator-11. COLL: CPR Instructor-11, Combat Lifesaver Instructor-12. WATCH: Battalion Aid Station-11. 05JUN04-05JUN15.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) WITT, BRIAN J	2. Rate HM3	3. Desig	(b)(6)
--------------------------------------------------	----------------	----------	--------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded Sea Service Deployment Ribbon(1st), Global War on Terrorism Service Medal, Bluejacket of the Quarter, Junior SOQ. Completed online Anti-Terrorism Awareness course.

(b)(6)

RECORD OF DISCHARGE FROM THE U.S. NAVY RESERVE (INACTIVE)

ACTIVITY TITLE

NAVY PERSONNEL COMMAND MILLINGTON, TENNESSEE

PERS 912/bbb
13 Oct 09

HOME ADDRESS AT TIME OF DISCHARGE

HM3(SCW) BRIAN J WITT USN

(b)(6)

TYPE OF DISCHARGE AND AUTHORITY

(b)(6)

CERTIFICATE ISSUED

(b)(6)

REMARKS

(b)(6)

(b)(6)

(b)(6)

Director, Navy Reserve
Personnel Administration Division (PERS-91)
By direction

DISCHARGE DATE

28 AUGUST 2009

IMMEDIATELY REENLISTED

NO

NAME (First, Middle, Last)

BRIAN J WITT

RATE

HM3(SCW)

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH AND CLASS

USN



ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

Privacy Act Statement

AUTHORITY:

5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES:

To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES:

This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE:

Voluntary; however, failure to furnish personal identification information may negate the enlistment / reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)

WITT BRIAN JUSTIN

2. SOCIAL SECURITY NUMBER

(b)(6)

(b)(6)

3. HOME OF RECORD (Street, City, State, ZIP Code)

(b)(6)

(b)(6)

LA

(b)(6)

4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State)

NEW ORLEANS MEPS

NEW ORLEANS, LA 70146-5900

5. DATE OF ENLISTMENT/REENLISTMENT (YYMMDD)

010829

6. DATE OF BIRTH (YYMMDD)

(b)(6)

7. PREV MIL SVC UPON ENL / REENLIST

YEARS

MONTHS

DAYS

a. Total Active Military Service

b. Total Inactive Military Service

B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) NAVAL RESERVE

this date for 8

years and

00

weeks beginning in pay grade E-1

The additional details of my enlistment/ reenlistment are in Section C and Annex(es) A.

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 0500 011029 for enlistment in the Regular component of the United States (list branch of service) NAVY for not less than 4 years and 00 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.)

NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee / Reenlistee) BSW

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

WITT BRIAN JUSTIN

SECURITY NO. OF ENLISTEE / REENLISTEE

(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) ☒ NONE BW (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

010829

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-5

d. UNIT / COMMAND NAME

NEW ORLEANS MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

010829

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS

LA 70146-5900

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, BRIAN JUSTIN WITT, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18.

(b)(6)

b. DATE SIGNED (YYMMDD)

010829

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-2

d. UNIT / COMMAND NAME

NEW ORLEANS MEPS

f. DATE SIGNED (YYMMDD)

010829

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS

LA 70146-5900

Previous editions may be used.

(b)(6)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

SOCIAL SECURITY NO OF ENLISTEE / REENLISTEE

WITT BRIAN JUSTIN

(b)(6)

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM**20a.** I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the RegularComponent of the United States (list branch of service) NAVY for a period of4 years and 00 weeks. No changes have been made to my enlistment options **OR**if changes were made they are recorded on Annex(es) NA which replace(s) Annex(es) NA

c. DATE SIGNED (YYMMDD)

011029

(b)(6)

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE**21. SERVICE REPRESENTATIVE CERTIFICATION**

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) NAVY in pay grade E-1.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND

NEW ORLEANS MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

011029

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS
LA 70146-5900**H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT****22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:**

I, BRIAN JUSTIN WITT, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

011029

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-3

d. UNIT / COMMAND NAME

NEW ORLEANS MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

011029

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

NEW ORLEANS
LA 70146-5900

ENLISTMENT GUARANTEES

WITT, BRIAN JUSTIN

(b)(6)

NAME (LAST, FIRST MIDDLE, JR., ETC.)

SSN

1. ACKNOWLEDGMENT: In connection with my enlistment into the United States Navy/ Naval Reserves, I hereby acknowledge that:

a. I am enlisting into the U. S. Navy/Naval Reserves for an active duty period of FOUR years and, at the same time, I agree to extend my enlistment for 12 months to meet the obligations of the 5YO program. I am enlisting with the following guarantees and understanding:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8, option or options as indicted below :

Option (1) HOSPITAL CORPSMAN(HM) "A" SCHOOL GUARNATEE

Option (2) NA

Option (3) NA

Option (4) NA

1
2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1a(1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1a(1) above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a. Reassignment to an "A" School for which I am qualified and a vacancy exists,
or
b. Navy apprentice training for which I am qualified and a vacancy exists.

In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service. I also understand:

- a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.
b. The Navy may, at its option, discharge me in accordance with law and regulation.

5. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Option(1)

I understand the obligations for the Options and training that I will receive

(b)(6)

(b)(6)

BRIAN JUSTIN WITT, 010829

Annex A to DD Form 4 dated 010829

AGREEMENT TO EXTEND ENLISTMENT

NAME: BRIAN JUSTIN WITT

SSN: (b)(6) BR/CL: USN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 10/29/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL ☒ OTHER ☐) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 10/28/2006. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

UIC: 55117

STATUS: ACTIVE ☒ INACTIVE ☐

RATE: HM3

COMBAT ZONE: PEBD: 10/29/2001 TOTAL AGGREGATE MOS: 12

SHIP OR STATION: NAVY MOBILE CONST BATT 7

LOCATION OF SHIP OR STATION:

**** SIGNATURE OF MEMBER: _____

FIRST

MIDDLE

LAST

Witnessed and accepted on behalf of the United States Navy
this 29th day of October, A.D.

****SIGNATURE

AND GRADE: _____

(b)(6)

USN

TITLE: _____

Certifying Officer Name and Rank

Extension of Enlistment Operative/Cancelled

The extension identified hereon for 12 months (REASON: SCHOOL ☒ OTHER ☐) is Operative (☒) Cancelled (☐) effective 10/29/2005.

AUTHORITY: _____

LSL SELLBACK

(b)(6)

(b)(6)

****SIGNATURE

AND GRADE: _____

USN

Certifying Officer Name and Rank

AGREEMENT TO EXTEND ENLISTMENT

30

NAME: WITT, BRIAN JUSTIN SSN: (b)(6) BR/CL: USN

Having enlisted in the UNITED STATES NAVY/~~NAVY RESERVE~~ on 01OCT29 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months, (REASON: SCHOOL XX OTHER) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 06OCT28. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: TRAINING FIVE YEAR OBLIGOR PROGRAM FOR THE RATING PER CURRENT DIRECTIVES. I UNDERSTAND THAT THIS AGREEMENT BECOMES BINDING UPON EXECUTION, AND MAY NOT BE CANCELLED, EXCEPT AS SET FORTH IN MILPERSMAN 1050150. THIS IS MY FIRST ~~EXTENSION~~ EXTENSION.

UIC: 62444 STATUS: ACTIVE X INACTIVE RATE: E-1

COMBAT ZONE: NA PEBD: TOTAL AGGREGATE MOS: 12

SHIP OR STATION: NAVCRUITDIST NEW ORLEANS

LOCATION OF SHIP OR STATION: NEW ORLEANS, LA

SIGNATURE (b)(6)
**** OF MEMBER
FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 29TH day of OCTOBER, A.D. ~~XX~~ 2001

**** SIGNATURE (b)(6) JSN
AND GRADE: MILPO BY DIRECTION TITLE: MLPO
(CERTIFYING OFFICER NAME AND RANK)
BYDIRCO

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR MONTHS, IS CANCELLED EFFECTIVE .
AUTHORITY:

**** SIGNATURE
AND GRADE:
(CERTIFYING OFFICER NAME AND RANK)

NOV 20 2001

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
02D	010824	(b)(6)											

ASVAB ADMINISTERED BY: MEPS NEW ORLEANS, LA

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			
(b)(6)			
CLASSIFIER'S SIGNATURE			

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
20/09	RECRUIT TRAINING (BMT)	8 WEEKS	RTC GREAT LAKES IL	
30JUL02	EMERGENCY VEHICLE OPERATOR'S COURSE	SELF PACED	NAVSTA ROOS ROADS, PR	KAS
10JUL02	OLEORESIN CAPSICUM AEROSOL PROJECTORS	SELF PACED	NAVSTA ROOS ROADS, PR	KAS
05AUG02	TACTICAL BATON CERTIFICATION	SELF PACED	NAVSTA ROOS ROADS, PR	KAS
09MAY03	ADVANCED CARDIO LIFE SUPPORT COURSE	3 DAYS	NAVSTA ROOS ROADS, PR	KAS
06MAY03	CARDIAC DYSRHYTHMIA COURSE	5 DAYS	NAVSTA ROOS ROADS, PR	KAS

Name (Last, first, middle initial)

WITT, BRIAN J

SOCIAL SECURITY NUMBER

R2002044M

(b)(6)

BRANCH/CLASS

11

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES									
COURSE TITLE/SCHOOL NACS B 300-0010		NEC 0000	DATE ENROLLED/COMPLETED 01 JAN 17 / 02 MAY 10		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH 14 WEEKS	GRADE (b)(6)	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT
COURSE TITLE/SCHOOL FMSS CAMPLEJ NC		NEC 8404	DATE ENROLLED/COMPLETED 04 MAR 14 / 04 MAY 06		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH 7 WKS	GRADE (b)(6)	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT DMK	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT					
DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS				8. PERSONNEL ADVANCEMENT REQUIREMENTS		
PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
DG9730	0000	011029	DMK			
0000	0000	020510				
8404	0000	04MAY06				

9. ENLISTED RATE/RATING				10. DESIGNATOR RECORD			
RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
SR	011029	011029	DMK				
HR	011029	020510					
HR-HA	020816	020801	DMK				
HA-HN	030616	030501	DMK				

Name (Last, first, middle) WITT, BRIAN J	(b)(6)	BRANCH/CLASS 11
---------------------------------------------	--------	--------------------

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
--------------	-------------	------	----	----	----	----	----	----	----	----	----	----	----

ASVAB ADMINISTERED BY:

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
27JAN03	DWI DETECTION GAZE SOBRIETY TEST PROCEDURE	SELF - PACE	NAVSTA ROOSEVELT ROADS PR	LAR
03NOV03	EMERGENCY MEDICAL TECHNICIAN - BASIC	SELF - PACE	NAVSTA ROOSEVELT ROADS PR	LAR
21MAY04	CERT	2WKS	CBC GPT MS	LAR
05JUL18	DOD INFO ASSURANCE AWARENESS	1 WEEK	CBC GULFPORT, MS	LAR

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
WITT, BRIAN J	(b)(6)	USN

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES									
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED					<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED					<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT					
DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER		DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	

7. NAVY ENLISTED CLASSIFICATIONS				8. PERSONNEL ADVANCEMENT REQUIREMENTS		
PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
8404	0000	2005APR28	<i>QAS</i>			

9. ENLISTED RATE/RATING				10. DESIGNATOR RECORD			
RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
HN-HM3	2005JAN14	2005JAN01	<i>QAS</i>				

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER		BRANCH AND CLASS	
WITT, BRIAN JUSTIN				(b)(6)		USN	

[illegible]

WITT, BRIAN JUSTIN

NAVPERS 1070/604 (Rev. 3-05)

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH AND CLASS

USN

NAVPERS 1070/604 (Rev. 7/91)
RTC SERV-REC SET 1
NETPMSA OVERPRINT

NAVPERS 1070/604 (Rev. 7/91)
RTC SERV-REC SET 1

31

NAVPERS 1070/605 (Rev. 10-89)
RTC SERV-REC SET 1
NETPMSA OVERPRINT

APR 26 2007 (14)